Battle River School Division

EXPENSE CLAIM

Name:	1/oug Alg	ar		Mailing	Address:	n/a if direct deposit established; attach bank info to set-up	
Month/Year: School/Location:	Trustee			Student	: Name:		
	must be submitted to Divisionitted after this date will NO			rwo moi		15.0	tion claims (PUF / International Students) he month the claim is for.
				nies inclu	idina forme	cent via fav	/email, will not be processed.
	Do NOT claim field trip ex	5. (5.			1.00		55 J * 5
	AL STUDENT PROGRAM -						
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2023 Apr 24	Zone Mtg - Rocky	408	236.64			236.64	
	7 '						
	7.00 X W						
Attach original re	ceipts for expenses claimed	\			TOTAL	236.64	297.44.
	Signature:	1					OFFICE USE ONLY Total GST:
	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00
	Authorized By (Signature):	<u> </u>					Dinner: \$23.50